



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
(406) 444-3134

TRS Office Use Only

NEW MEMBER QUESTIONNAIRE

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK)

Personal Data:

(Name)

_____-_____
(Date of Birth)

(Social Security Number)

(Home Mailing Address)

(City, State & Zip Code)

(_____)_____
(Area Code & Telephone Number)

(Sex M/F)

(Maiden Name)

Are you receiving a monthly benefit from the Montana Teachers' Retirement System (TRS)?	Yes	No
If you are receiving a monthly benefit from the Montana TRS DO NOT complete the remainder of this form. However, you are limited to part-time employment, plus a maximum dollar amount, and still receive your monthly benefit. You and your employer <i>must</i> contact the TRS to confirm the maximum dollar amount you may earn and still receive your monthly retirement benefit. This completed form must be returned to the school business office, to be retained by the employer.	_____	_____
Are you currently employed in a position covered by the Montana TRS, with TRS contributions being withheld from your wages?	Yes	No
If YES, please indicate the name of your current employer _____	_____	_____

NOTE: If you are a substitute teacher or a part-time teacher's aide and not a member of the TRS, you must also complete a TRS 'Membership Election Substitute Teacher or Part-Time Teacher's Aide' form.

Membership in the TRS is compulsory for persons employed for at least 210 hours during the school year as teachers, principals, vice-principals, district superintendents, county superintendents of schools, teacher's aides, speech therapists, school nurses, school psychologists, guidance counselors and others employed in a teaching or professional position of any public school, state agency or special education cooperative. Upon receipt of your completed 'Record For Membership' form, information regarding your retirement system account will be sent from the TRS office to your home mailing address.

If you were previously employed in a position covered under the Montana TRS and withdrew your account, you are eligible to redeposit this service. Please contact the Montana TRS at (406) 444-3134 to request this or any other information regarding the retirement system.

THIS COMPLETED FORM MUST BE RETURNED TO THE SCHOOL BUSINESS OFFICE, TO BE RETAINED BY THE EMPLOYER

(Signature)

_____-_____
(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST